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Effective as of 10/06/2025

Additional ordering and billing information

Information when ordering laboratory tests that are billed to Medicare/Medicaid

Information regarding Current Procedural Terminology (CPT)

Test Number	Mnemonic	Test Name	New Test	Test Name Change	Specimen Requirements	Methodology	Performed/Reported	Note	Interpretive Data	Reference Interval	Component Charting Name	Component Change	Reflex Pattern	Result Type	Ask at Order Prompt	Numeric Map	Unit of Measure	CPT Code	Pricing Change	Inactivation w/ Replacement	Inactivation w/o Replacement
0050375	MEASLE PAN	Measles (Rubeola) Antibodies, IgG and IgM		x	x	x			x	x											
0099597	MEASLES M	Measles (Rubeola) Antibody, IgM by IFA		x	x	x			x	x											
2010214	RENCAPAN	Hereditary Renal Cancer Panel, Sequencing and Deletion/Duplication			x				x												
2010990	CB GLOB	Corticosteroid-Binding Globulin (CBG)			x																
2012032	CANCERPAN	Hereditary Cancer Panel, Sequencing and Deletion/Duplication			x				x												
2012135	HSV2 INHIB	Herpes Simplex Virus Type 2 (HSV-2) IgG Inhibition, by Immunoassay		x		x	x				x	x									
2013101	HMGCR	3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IgG			x	x	x			x						x		x			
2014704	SCID-MAT	Maternal T Cell Engraftment in SCID, Maternal Specimen			x																
3001635	BWS-RSS DD	Beckwith-Wiedemann Syndrome (BWS) and Russell-Silver Syndrome (RSS) by Methylation-Specific MLPA			x	x															
3001855	BRCA NGS	BRCA1 and BRCA2-Associated HBOC Syndrome Panel, Sequencing and Deletion/Duplication			x																
3004457	G6PD NGS	Glucose-6-Phosphate Dehydrogenase			x																

		Deficiency (G6PD) Sequencing																		
3005697	GIHR NGS	Hereditary Gastrointestinal Cancer High-Risk Panel, Sequencing and Deletion/Duplication			x			x												
3017751	ENCEPH-SER	Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum (Test on Delay as of 09/23/2025)		x		x		x	x											

TEST CHANGE

Measles (Rubeola) Antibodies, IgG and IgM ~~(Test on Referral as of 08/12/25)~~

0050375, MEASLE PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.51~~1~~ mL) Parallel testing is preferred and convalescent specimens ?must ?be received within 30 days from receipt of the acute specimens.?~~.~~Mark specimens plainly as "acute" or "convalescent".~~"~~
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Refer to individual components.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month~~year~~ (avoid repeated freeze/thaw cycles)
Methodology:	~~Semi-Quantitative Enzyme-Linked Immunosorbent Assay/~~Semi-Quantitative Chemiluminescent Immunoassay (CLIA) / Semi-Quantitative Indirect Fluorescent Antibody (IFA)
Performed:	Mon, Wed, Fri
Reported:	1-6 days
Note:	
CPT Codes:	86765 x2
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative - No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal - Repeat testing in 10-14 days

	may be helpful. 16.5 AU/mL or greater: Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).	
Measles (Rubeola) Antibody, IgM	Less than 1:10~~0.79 AU or less~~: Negative. ~~-~~ No evidence~~significant level~~ of recent infection. False-negative results are possible if the specimen was collected too soon after exposure. Molecular~~IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal - Repeat~~ testing ~~in 10-14 days~~ may be helpful. 1:10~~.21 AU~~ or greater: Positive. Indicative~~ - IgM antibodies to measles (rubeola) virus detected. Suggestive~~ of recent primary measles ~~current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-~~infection. False positive results are possible ~~or immunization~~.	

Reference Interval:

Test Number	Components	Reference Interval
	Measles, Rubeola, Antibody IgM	Less than 1:10 ~~0.79 AU or less~~

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Effective Date: October 6, 2025

TEST CHANGE

Measles (Rubeola) Antibody, IgM by IFA~~(Test on Referral as of 08/12/25)~~

0099597, MEASLES M

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.3~~1~~ mL) Parallel testing is preferred and convalescent specimens ?must ?be received within 30 days from receipt of the acute specimens.?.~~-~~Mark specimens plainly as "acute" or "convalescent"~~.~~."
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month~~year~~ (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Indirect Fluorescent Antibody (IFA~~Enzyme-Linked Immunosorbent Assay (ELISA~~)
Performed:	Mon-Fri
Reported:	1-5 days
Note:	
CPT Codes:	86765
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Result	Interpretation
Less than 1:10	Negative: No evidence of recent infection. False-negative results are possible if the

Inserted Cells

Inserted Cells

		specimen was collected too soon after exposure. Molecular testing may be helpful.
	1:10 or greater	Positive: Indicative of recent primary measles infection. False-positive results are possible.

Reference Interval:

Test Number	Components	Reference Interval
	Measles, Rubeola, Antibody IgM~~0.79 AU or less: Negative - No significant level of IgM antibodies to measles (rubeola) virus detected.~~ ~~0.80-1.20 AU: Equivocal - Repeat testing in 10-14 days may be helpful.~~ ~~1.21 AU or greater: Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.~~	Less than 1:10

Inserted Cells

Inserted Cells

TEST CHANGE

Hereditary Renal Cancer Panel, Sequencing and Deletion/Duplication

2010214, RENCAPAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. ~~(Min: 2 mL) New York State Clients: 5 mL~~ (Min: 2 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable New York State Clients: Preferred Ambient: 4 days~~1 Week~~; Refrigerated: 4 days~~1 Week~~; Frozen: 4 days It is preferred that specimens be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.~~Unacceptable~~
Methodology:	~~D~~Massively Parallel Sequencing / ~~/~~Sequencing / ~~/~~Multiplex Ligation-Dependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: BAP1; DICER1; EPCAM**; FH; FLCN*; MET; MLH1; MSH2; MSH6; PMS2; PTEN*; SDHA*; SDHB; SDHC*; SDHD*; SMARCA4; SMARCB1; TP53; TSC1; TSC2; VHL* *One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information. **Deletion/duplication analysis of EPCAM (NM_002354) exon 9 only, sequencing is not available for this gene.
CPT Codes:	81292; 81294; 81295; 81297; 81298; 81300; 81317; 81319; 81321; 81323; 81351
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New

York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report. ~~Refer to report.~~

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

~~Counseling and informed consent are recommended for genetic testing. Consent forms are available online.~~

Reference Interval:

By report

TEST CHANGE

Corticosteroid-Binding Globulin (CBG)

2010990, CB GLOB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Separate from cells within one hour of collection. Transfer 1 mL serum to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN~~Frozen~~.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: 48 hours; Frozen: 10 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	6-13 days
Note:	
CPT Codes:	84449
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By Report	

TEST CHANGE

Hereditary Cancer Panel, Sequencing and Deletion/Duplication

2012032, CANCERPAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B).
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable New York State Clients: Preferred Ambient: 4 days; Refrigerated: 4 days; Frozen: 4 days It is preferred that specimens be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
Methodology:	Massively Parallel Sequencing / ~~/~~ Sequencing / ~~/~~ Multiplex Ligation-Dependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: ALK; APC*; ATM; AXIN2; BAP1; BARD1; BMPR1A*; BRCA1*; BRCA2; BRIP1; CDC73; CDH1*; CDK4; CDKN1B; CDKN2A*; CHEK2*; CTNNA1*; DICER1; EGFR; EPCAM**; FH; FLCN*; HOXB13; HRAS; KIT; LZTR1; MAX; MC1R; MEN1*; MET; MITF*; MLH1; MLH3*; MSH2; MSH3; MSH6; MUTYH; NBN; NF1; NF2; NTHL1; PALB2; PDGFRA*; PMS2; POLD1; POLE; POT1; PRKAR1A; PTCH1; PTEN*; RAD51C; RAD51D; RB1*; RECQL*; RET; SDHA*; SDHAF2; SDHB; SDHC*; SDHD*; SMAD4; SMARCA4; SMARCB1; SMARCE1*; STK11; SUFU; TERT; TMEM127; TP53; TSC1; TSC2; VHL*; WT1 *- One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information. **- Deletion/duplication analysis of EPCAM (NM_002354) exon 9 only, sequencing is not available for this gene.

CPT Codes:	81162; 81201; 81292; 81295; 81298; 81307; 81317; 81321; 81351; 81403; 81404; 81405; 81406; 81407; 81408; 81479
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report. ~~Refer to report~~

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

~~Counseling and informed consent are recommended for genetic testing. Consent forms are available online.~~

Reference Interval:

By report

TEST CHANGE

Herpes Simplex Virus Type 2 (HSV-2) IgG Inhibition, by Immunoassay ~~ELISA~~

2012135, HSV2 INHIB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST).
Specimen Preparation:	Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Immunoassay~~Enzyme-Linked Immunosorbent Assay (ELISA)~~
Performed:	Varies
Reported:	5-9~~6-11~~ days
Note:	Inhibition studies are not performed on specimens with equivocal or negative results.
CPT Codes:	86696
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.

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Effective Date: October 6, 2025

TEST CHANGE

3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IgG

2013101, HMGCR

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum (Min: 0.3 mL) to an ARUP standard transport tube.
Transport Temperature:	Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions:	Contaminated, heat-inactivated, clots, fibrin, gross red blood cells, severely lipemic, severely hemolyzed, or severely icteric specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days~~1 year~~ (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Chemiluminescent Immunoassay (CLIA~~Enzyme-Linked Immunosorbent Assay (ELISA~~)
Performed:	Mon, Wed, Fri
Reported:	1-5~~15~~ days
Note:	
CPT Codes:	82397~~83516~~
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

IgG antibodies to 3-hydroxy-3-methylglutaryl-coenzyme A reductase (HMGCR) are mainly associated with necrotizing autoimmune myopathy (NAM) in a subset of statin-treated patients. Although infrequent, these antibodies may also be observed in statin-naive patients with NAM. Strong clinical correlation is recommended in the absence of muscle fiber necrosis, elevated serum creatine kinase, perimysial pathology, and/or statin exposure.

Reference Interval:

Test Number	Components	Reference Interval
HMGCR Antibody, IgG	Less than 20.0 ~~0-19 Units: Negative~~	

Inserted Cells

Inserted Cells

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Maternal T Cell Engraftment in SCID, Maternal Specimen

2014704, SCID-MAT

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), pPink (K2EDTA), or yYellow (ACD sSolution A). New York State Clients:?-Lavender (EDTA)
Specimen Preparation:	Transport 2 mL whole blood. (Min: 1 mL) New York State Clients:?-Transport 58 mL whole blood. (Min: 34 mL).
Transport Temperature:	Refrigerated. Also acceptable: Ambient.
Unacceptable Conditions:	
Remarks:	
Stability:	Room Temperature: 1 week; Refrigerated: 1 month; Frozen: unacceptable New York State Clients:?-Room Temperature: 7 days; Refrigerated: 14 days; Frozen: Unacceptable
Methodology:	Polymerase Chain Reaction (PCR) /)/Fragment Analysis
Performed:	Sun-Sat
Reported:	5-9 days
Note:	To complete Maternal T Cell Engraftment in SCID testing, samples should be collected to perform the following three tests: (1) A buccal brush collected from the patient for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694), used as a genetic baseline for the patient. (2) A peripheral blood sample from the biological mother for Maternal T Cell Engraftment in SCID, Maternal Specimen (ARUP test code 2014704), used as a genetic baseline for the mother. (3) A peripheral blood sample collected from the patient for Maternal T Cell Engraftment in SCID (ARUP test code 2014699). T cells isolated from the blood sample will be genotyped for comparison to the patient and biological mother baseline genotypes. If T-cell sorting is not completed on the blood sample before submission of Maternal T Cell Engraftment in SCID (ARUP test code 2014699), BMT Cell Isolation (ARUP test code 2005498) will be added to each order of Maternal T Cell Engraftment in SCID (ARUP test code 2014699). Additional charges apply for cell isolation.
CPT Codes:	See CPT code for Maternal T Cell Engraftment in SCID, Pre-

	Engraftment Specimen (ARUP test code 2014694)
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data: Refer to report.	
Reference Interval:	

TEST CHANGE

Beckwith-Wiedemann Syndrome (BWS) and Russell-Silver Syndrome (RSS) by Methylation-Specific MLPA

3001635, BWS-RSS DD

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A)
Specimen Preparation:	Transport 3 mL whole blood. (Min: 1 mL)
Transport Temperature:	Refrigerated. Also acceptable: Ambient.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 1 month; Frozen: Unacceptable New York State Clients: Preferred Ambient: 4 days; Refrigerated: 4 days; Frozen: 4 days Specimens are preferred to be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
Methodology:	Qualitative Methylation-Specific Multiplex Ligation-Dependent Probe Amplification (MS-MLPA)
Performed:	Varies
Reported:	12-14 days
Note:	
CPT Codes:	81401
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Refer to report.	
Reference Interval:	
By report	

TEST CHANGE

BRCA1 and BRCA2-Associated HBOC Syndrome Panel, Sequencing and Deletion/Duplication

3001855, BRCA NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. ~~(Min: 2 mL) New York State Clients: 5 mL~~ (Min: 2 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable ~~New York State Clients: Ambient: 24 hours; Refrigerated: 1 week; Frozen: Unacceptable~~
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	5-10 days
Note:	Genes tested: BRCA1* (NM_007294), BRCA2 (NM_000059) *One or more exons are not covered by deletion/duplication analysis for the indicated gene; see Additional Technical Information.
CPT Codes:	81162
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Refer to report.	
Reference Interval:	
By report	

TEST CHANGE

Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) Sequencing

3004457, G6PD NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B).
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable New York State Clients: Preferred Ambient: 4 days; Refrigerated: 4 days; Frozen: 4 days Specimens are preferred to be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	10-15 days
Note:	Gene Tested: G6PD (NM_001042351)
CPT Codes:	81249
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Refer to report.	
Reference Interval:	
By report	

TEST CHANGE

Hereditary Gastrointestinal Cancer High-Risk Panel, Sequencing and Deletion/Duplication

3005697, GIHR NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 10~~5~~ mL (Min: 7~~2~~ mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable ~~New York State Clients: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable~~
Methodology:	Massively Parallel Sequencing / ~~/~~Sequencing / ~~/~~Multiplex Ligation-D~~d~~ependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: APC* ~~;*;~~ EPCAM** ~~;**;~~ MLH1; MSH2; MSH6; MUTYH; PMS2 *One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information. **Deletion/duplication analysis of EPCAM (NM_002354) exon 9 only, sequencing is not available for this gene.
CPT Codes:	81435
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report. ~~Refer to report.~~

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was~~

~~performed in a CLIA certified laboratory and is intended for clinical purposes.~~

~~Counseling and informed consent are recommended for genetic testing. Consent forms are available online.~~

Reference Interval:

By report

TEST CHANGE

Encephalitis Panel With Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum (Test on Delay as of 09/23/2025)

3017751, ENCEPH-SER

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube.
Specimen Preparation:	Transfer 4.0mL serum to an ARUP standard transport tube. (Min: 2.0mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Refer to individual components. CSF (refer to Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF, ARUP test code 3017752).
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / ~~)~~Semi-Quantitative Chemiluminescent Immunoassay (CLIA) / Semi-Quantitative Indirect Fluorescent Antibody (IFA)
Performed:	Sun-Sat
Reported:	2-6 days
Note:	If HSV 1 and/or 2 IgG is 1.10 IV or greater, then HSV 1 G-specific IgG and HSV 2 G-specific IgG will be added. Additional charges apply.
CPT Codes:	86765 x2; 86735 x2; 86787 x2; 86789; 86788; 86694; if reflexed, add 86695; 86696
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Component	Interpretation
Measles (Rubeola) Antibody, IgG	13.4 AU/mL or less: Negative. No significant level of detectable measles (rubeola) IgG antibody. 13.5-16.4 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful. 16.5 AU/mL or greater: Positive. IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
Measles (Rubeola) Antibody, IgM	Less than 1:100~~.79 AU or less~~: Negative. No evidence~~significant level~~ of recent infection. False-negative results are possible if the specimen was collected too soon after exposure. Molecular~~IgM antibodies to measles (rubeola) virus detected. 0.80-1.20 AU: Equivocal. Repeat~~ testing ~~in 10-14 days~~ may be helpful. 1:10~~.21 AU~~ or greater: Positive. Indicative~~IgM antibodies to measles (rubeola) virus detected. Suggestive~~ of recent primary measles ~~current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post~~ infection. False-positive results are possible ~~or immunization~~.
Mumps Virus Antibody, IgG	8.9 AU/mL or less: Negative. No significant level of detectable IgG mumps virus antibody. 9.0-10.9 AU/mL: Equivocal. Repeat testing in 10-14 days may be helpful.

	11.0 AU/mL or greater: Positive. IgG antibody to mumps virus detected, which may indicate a current or past exposure/immunization to mumps virus.
Mumps Virus Antibody, IgM	0.79 IV or less: Negative. No significant level of detectable IgM antibody to mumps virus. 0.80-1.20 IV: Equivocal. Borderline levels of IgM antibody to mumps virus. Repeat testing in 10-14 days may be helpful. 1.21 IV or greater: Positive. Presence of IgM antibody to mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post infection or immunization.
Varicella-Zoster Virus Antibody, IgG	0.99 S/CO or less: Negative. No significant level of detectable varicella-zoster IgG antibody. 1.00 S/CO or greater: Positive. IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.
Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less: Negative. No significant level of detectable varicella-zoster virus IgM antibody. 0.91-1.09 ISR: Equivocal. Repeat testing in 10-14 days may be helpful. 1.10 ISR or greater: Positive. Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM

	antibodies may occasionally persist for more than 12 months post infection or immunization.	
Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG	0.89 IV or less: Not Detected. 0.90-1.09 IV: Indeterminate. Repeat testing in 10-14 days may be helpful. 1.10 IV or greater: Detected.	
West Nile Virus Antibody, IgG by ELISA, Serum	1.29 IV or less: Negative. No significant level of West Nile virus IgG antibody detected. 1.30-1.49 IV: Equivocal. Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful. 1.50 IV or greater: Positive. Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.	
West Nile Virus Antibody, IgM by ELISA, Serum	0.89 IV or less: Negative. No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal. Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. 1.11 IV or greater: Positive. Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.	

Reference Interval:

Test Number	Components	Reference Interval
	West Nile Virus Ab, IgG, Ser	1.29 IV or less
	West Nile Virus Ab, IgM, Ser	0.89 IV or less
	Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less
	Varicella-Zoster Virus Ab, IgG	<=0.99
	Mumps Virus Antibody, IgM	0.79 IV or less
	Measles, Rubeola, Antibody IgM	Less than 1:10 ~~0.79 AU or less~~